



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)  
VOLUNTARY PLACEMENT/FOSTER CARE PROGRAM

**PLACEMENT REQUEST**

SOCIAL WORKER'S NAME AND TELEPHONE NUMBER

TODAY'S DATE

DATE PLACEMENT IS NEEDED

CHILD'S CURRENT LOCATION

**CHILD'S INFORMATION**

CHILD'S LAST NAME	FIRST NAME	MIDDLE INITIAL	BIRTH DATE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	SPECIAL RATE <input type="checkbox"/> Yes <input type="checkbox"/> No
ETHNIC BACKGROUND		LEGAL STATUS		DDD NUMBER	
PRESENT CARETAKER AND LOCATION					
SCHOOL/GRADE/ADJUSTMENT					

**PLACEMENT INFORMATION**

COUNTY LOCATION	PLACEMENT LENGTH
PRIOR PLACEMENT HISTORY	
HEALTH PROBLEMS	
MENTAL/BEHAVIORAL PROBLEMS	
MEDICATIONS	
DESCRIPTION OF CHILD	
HOW CHILD RELATES TO ADULTS	HOW CHILD RELATES TO PEERS
SIGNIFICANT RELATIONSHIPS/ATTACHMENTS	

**TEEN INFORMATION**

1. Does teen: Smoke cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No Use alcohol and/or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No Engage in sexual activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is teen SAY? <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, describe behavior:	RISK LEVEL TO OTHER CHILDREN <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
3. Is teen on probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, give name of parole officer and conditions of parole:	
CRIMINAL HISTORY AND CONDITIONS	

**FOSTER PARENT INFORMATION**

Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visitation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Church: <input type="checkbox"/> Yes <input type="checkbox"/> No
LONG TERM PLAN		